



# New England High Intensity Drug Trafficking Area

## Course Enrollment Registration Form

**(Please fill out completely!)**

|              |                                    |         |               |
|--------------|------------------------------------|---------|---------------|
| Course Name: | <b>Courtroom Testimony</b>         | Date(s) | May 6-7, 2009 |
| Location:    | NEHIDTA Training Room, Methuen, MA |         |               |

|            |                                     |                                       |  |
|------------|-------------------------------------|---------------------------------------|--|
| First Name | Arrest Authority:                   | Social Security #- last 4 digits only |  |
| Last Name  | <input type="radio"/> YES           |                                       |  |
| M.I.       | <input checked="" type="radio"/> NO | email                                 |  |
|            |                                     |                                       |  |

|                                                         |                                                   |
|---------------------------------------------------------|---------------------------------------------------|
| Parent Agency (What agency signs your check? Spell Out) | Your Rank/Title-Spell Out. ( If none , type none) |
|                                                         |                                                   |

|                                 |              |          |              |
|---------------------------------|--------------|----------|--------------|
| Job Mailing Address-(Spell out) | Phone Number |          |              |
| Agency                          |              |          |              |
| Address                         | FAX Number   |          |              |
| City                            | State        | Zip Code | Other Number |

|                                                     |                 |                          |
|-----------------------------------------------------|-----------------|--------------------------|
| Does your Agency participate in a HIDTA Initiative? |                 | Parent Agency is:        |
| <input checked="" type="radio"/> Yes                | Initiative Name | <input type="radio"/> No |
|                                                     |                 | Federal                  |

### Section below must be completed by Supervisor

|                                                       |                         |
|-------------------------------------------------------|-------------------------|
| Approved by: (Supervisor's First name, MI, Last name) | Supervisor's Signature: |
| Rank/Title:                                           | Title:                  |
| Agency and Address:                                   | Telephone:              |
|                                                       |                         |

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.  
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**  
**A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.**